three tests for Yes No No	a spouse or dependent child because they meet all three tests for	ssets, "unearmed" income, or liabilities of a with the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or deperexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
you excluded Yes 🔲 No 🔯	ther "excepted trusts" need not be disclosed. Have you excluded	by the Committee on Ethics and certain of ouse, or dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trufform this report details of such a trust that benefits you, your spouse, or dependent child?
UESTIONS	- ANSWER BOTH OF THESE QUESTIONS	OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE
OMPLETE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	ATTACH THIS FORM INCLUD
000 from a Yes No	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	riable Yes No No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
ngement with an Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
e reporting he Yes No No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ortable Yes No X	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	R EACH OF THESE QUES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	Period Covered: January 1, A \$2 indi-	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	Check if Armendment	State: PA District: NEW 5	New Member of or Candidate for U.S. House of Representatives FILER Candidates – Date of Election:
18 APR 23 PM 1: 19	ione:	✓ Daytime Telephone:	Name: MARGO L. DAVIDSON
APR 16 2018 Page 1 of 6	FORM B , Candidates, and New Employees	FORM B For New Members, Candidates,	UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page 2 of 6

## 1500.0014520.000 *** \$150.0014520.0000 *** \$150.00014520.0000 *** \$150.0001450.00000 *** \$150.0001450.00000 *** \$150.0001450.00000 *** \$150.0001450.00000 *** \$150.0001450.00000 *** \$150.0001450.00000 *** \$150.0001450.0000000000000000000000000000		STRS PENSION	PA DELEVERY DOMO		Eumples:	OC. Mage Corp Shock	in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	box. If you so choose, you may indicate that an esset or income source is that of your apouse (SP) or	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF"	Exclude: Your personal residence, including second fromes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal residence program, including the Thrift Savings Plan.	For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rertal and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	Tro Learn and Other Cest accounts, flows the alliquist in all interest-bening accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.	the account that exceeds the reporting thresholds.	For alt IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds "C (do not use only ticker symbols).			identify (a) each asset held for investment or in	Assets and/or income Sources	BLOCKA
MONE			×		Indefinite	×	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,00 \$50,001-\$100,0	0						3 0 D 8		olumn M is for assets he lid in which you have no in	why because it generated None."	specify the method used. If an asset was sold during th	dicate value of asset at do	Value	BE.
NONE							\$500,001-\$1,00 \$1,000.001-\$5,0 \$5,000,001-\$25 \$25,000,001-\$5	0,000 00,000 000,000 000,000								id by your spouse or depend terest.	income, the value should	e reporting period and is inclu	se of the reporting period. If the than this market value release.	of Asset	ОСКВ
None		×	×	9		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN: EXCEPTED/BU	ND TRUST	0,000*					X					you Check all columns that apply. For a	Type of Income	вгоск с
		X	×	artmership income	Royalties	×	None \$1-\$200 \$201-\$1,000	come (Specify	; e.g., f	Partnership Income	or Farm Income		#			income	Check :	capital gains, Check "None"	For and		
				×	×		\$5,001-\$15,000 \$15,001-\$50,00 \$50,001-\$100,0 \$100,001-\$1,00	,000					E E	Current Year			y assets held by your spous	the casegory of income by to wen if minimeded, must be no income was earned or go	hich you checked Tax-Defer	An	
		X	<u> </u>			×	Spouse/DC Inco None \$1-\$200 \$201-\$1,000		0,000*				- -	F			e or dependent abild in whi	me appropriere	red" in Block C, you may d	nount of Income	BLOCK D
, , , , , , , , , , , , , , , , , , ,				×	×		\$5,001-\$15,000 \$15,001-\$50,00 \$50,001-\$100,00 \$100,001-\$1,000	,000					<u> </u>				ich you have no interest.	assets held in	oumn		

SCHEDULE C - EARNED INCOME

Name:

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Am	Amount
Source (include date of receipt for nonoralia)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundable (Oct. 2) Civil War Roundable (Oct. 2) Ontario County Beard of Education	Spouse Speach Spouse Salary	90 OS	\$1,000 N/A
COmmonleselth of Pennsylvania	Selary	29,060.08	85,671.54
CBER	Scalcary	2,800.00	14,085,51
Employment compensation	Compasation	0.00	4,608.00
(Vaverly Heizhis Retident Community	Salavy	760,00	G-00.
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			3.3
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SCHEDULE D - LIABILITIES

Name: Page_ <u>'</u>এ 2

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by roal property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable): and (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable): and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

	SP	Sp			SP.		
		\vdash	Am	Example			
	American Education Sovice	hose Finavice	AMECIAN FOU SUS	First Bank of Wilmington, DE	Creditor		
_	6/84	51/11	88/9	5/98	Date Liability Incurred MO/YR		
	Stadent loan	(ar lease	Student Coan	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
		×			\$15,001- \$50,000	8	
					\$50,001- \$100,000	ဂ	
				×	\$100,001- \$250,000	0	,
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	-11	Amount of Liability
					\$1,000,001- \$5,000,000	ര	ability
					\$5,000,001- \$25,000,000	z	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	-	
	X		×		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
ANGN	

SCHEDULE F - AGREEMENTS

arrangement that you have with respect to: future employment; a leave of absence during the period of government service;		Name:	Page 5 of 6
arrangement that you have with respect to: future employment; a leave of absence during the period of government service;			
other than the LLC government or continuing participation in an employee welfage or herself play meistained by a former	arrangement that you have with n	espect to: future employment; a leave of absence during the period of abse	of government service;

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of ab continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	SNONE	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Exemple:	Doe Jones & Smith, Hornetown, Hornestate	Accounting Services
/	ZNON	

FILER NOTES (Optional)

Name: Page 6 of 6

								NOTE NUMBER	
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							OL)	•	
								NOTES	
		-							